

VIRAL HEPATITIS CASE RECORD
FOR REPORTING OF PATIENTS WITH SYMPTOMATIC ACUTE VIRAL HEPATITIS
(SEE CASE DEFINITION ON REVERSE)

121

STATE GEOGRAPHIC CODE				
(1)	(2)	(3)	(4)	(5)
STATE CASE NO.				
(6)	(7)	(8)	(9)	(10)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

Centers for Disease Control and Prevention
Hepatitis Branch, (A33)
Atlanta, Georgia 30333

CDC CASE NO.			
(11)	(12)	(13)	(14)

PATIENT'S LAST NAME (please print clearly) (12-26) FIRST AND MIDDLE NAME (or initials): OCCUPATION

STREET ADDRESS TOWN OR CITY STATE (Zip Code) COUNTY (27-36) COUNTY FIPS CODE (37-40)

AGE (yrs) (41-42) 00 = < 1yr 99 = Unk	DATE OF BIRTH (43-48) Mo Day Yr	SEX (49) 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Unk	RACE (50) 1 <input type="checkbox"/> American Indian or Alaskan Native 2 <input type="checkbox"/> Asian or Pacific Islander 3 <input type="checkbox"/> Black 5 <input type="checkbox"/> White 9 <input type="checkbox"/> Unk
ETHNICITY (51) 1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> Non-Hispanic 9 <input type="checkbox"/> Unk			

Reporting physician's diagnosis (52-53) 1 ☐ Hepatitis A 2 ☐ Hepatitis B 3 ☐ Non-A, Non-B 4 ☐ Hepatitis D 5 ☐ Hepatitis
DO NOT REPORT CASES OF CHRONIC HEPATITIS OR CHRONIC CARRIERS!! Hepatitis (Delta) Unspecified

CLINICAL DATA			LABORATORY RESULTS		
Date of first symptom (54-59) Mo Day Yr			IgM Hepatitis A antibody (IgM anti-HAV) (69)	Pos	Neg
Date of diagnosis (60-65) Mo Day Yr			Hepatitis B surface antigen (HBsAg) (70)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Was the patient jaundiced? (66)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	IgM Hepatitis B core antibody (IgM anti-HBc) (71)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Was the patient hospitalized for hepatitis? (67)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Antibody to Delta (anti-HDV) (72)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Did the patient die from hepatitis? (68)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No			

For purposes of National Surveillance, ASK ALL OF THE FOLLOWING QUESTIONS FOR EVERY CASE OF HEPATITIS. These questions may help determine where the patient acquired his/her infection. Please refer to the work sheet on the back of the last page for additional questions.

During the 2-6 weeks prior to illness		Yes	No	Unk
1. was the patient a child or employee in a nursery, day care center, or preschool?	(73)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
2. was the patient a household contact of a child or employee in a nursery, day care center, or preschool?	(74)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
3. was the patient a contact of a confirmed or suspected hepatitis A case?	(75)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, type of contact: (76) 1 <input type="checkbox"/> Sexual 2 <input type="checkbox"/> Household (non-sexual) 3 <input type="checkbox"/> Other				
4. was the patient employed as a food handler?	(77)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
5. did the patient eat raw shellfish?	(78)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
6. was the patient suspected as being part of a common-source foodborne or waterborne outbreak?	(79)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
7. did the patient travel outside of the U.S. or Canada?	(80)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, where: (81) 1 <input type="checkbox"/> So./Central America (including Mexico) 2 <input type="checkbox"/> Africa 3 <input type="checkbox"/> Caribbean 4 <input type="checkbox"/> Middle East 5 <input type="checkbox"/> Asia/So. Pacific 6 <input type="checkbox"/> Australia/New Zealand 7 <input type="checkbox"/> Other				
Duration of stay: (82) 1 <input type="checkbox"/> 1-3 Days 2 <input type="checkbox"/> 4-7 Days 3 <input type="checkbox"/> More than 7 Days				
During the 6 weeks-6 months prior to illness				
8. was the patient a contact of a confirmed or suspected acute or chronic hepatitis B or non-A, non-B case?	(83)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, type of contact: (84) 1 <input type="checkbox"/> Sexual 2 <input type="checkbox"/> Household (non-sexual) 3 <input type="checkbox"/> Other				
9. was the patient employed in a medical, dental or other field involving contact with human blood?	(85)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, degree of blood contact: (86) 1 <input type="checkbox"/> Frequent (several times weekly) 2 <input type="checkbox"/> Infrequent				
10. did the patient receive blood or blood products (transfusion)?	(87)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, specify date(s) received: (88-93) From ___/___/___ to ___/___/___ (94-99)				
11. was the patient associated with a dialysis or kidney transplant unit?	(100)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, (101) 1 <input type="checkbox"/> Patient 2 <input type="checkbox"/> Employee 3 <input type="checkbox"/> Contact of patient or employee				
12. did the patient use needles for injection of street drugs?	(102)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
13. what was the patient's sexual preference? (103)	1 <input type="checkbox"/> Heterosexual	2 <input type="checkbox"/> Homosexual	3 <input type="checkbox"/> Bisexual	9 <input type="checkbox"/> Unk
14. how many different sexual partners did the patient have? (104)	1 <input type="checkbox"/> None	2 <input type="checkbox"/> One	3 <input type="checkbox"/> 2-5	4 <input type="checkbox"/> More than 5 9 <input type="checkbox"/> Unk
15. did the patient have				
dental work or oral surgery? (105)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> Unk	tattooing? (108) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> Unk
other surgery? (106)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> Unk	an accidental stick or puncture with a needle
acupuncture? (107)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> Unk	or other object contaminated with blood? (109) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> Unk
Has this patient ever received the three dose series of Hepatitis B vaccine? (110) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> Unk				
If yes, what year? (111-112) ___ AND was the patient tested for antibody within 1-6 months after the last dose? (113) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> Unk				
If yes, was the antibody test: (114) 1 <input type="checkbox"/> Pos 2 <input type="checkbox"/> Neg 3 <input type="checkbox"/> Unknown				

Comments:	Investigator's Name
	Date

WORK SHEET

CASE DEFINITION FOR REPORTING OF ACUTE VIRAL HEPATITIS

Illness with: 1) discrete onset of symptoms and
2) jaundice or elevated serum aminotransferase levels.

Hepatitis A: IgM anti-HAV positive.

Hepatitis B: IgM anti-HBc positive if done or HBsAg positive and IgM anti-HAV negative if done.

Non-A, Non-B Hepatitis: 1) IgM anti-HAV negative, and

2) IgM anti-HBc negative if done or HBsAg negative, and

3) serum aminotransferase levels greater than 2 1/2 times the upper limit of normal.

Delta Hepatitis: 1) HBsAg or IgM anti-HBc positive and

2) Anti-HDV positive.

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's name _____ Home phone _____ Employed by _____ Work phone _____

Reporting physician's name, address, and phone # _____

If patient was hospitalized for hepatitis, give name of hospital _____

Results of liver function tests: SGOT (AST) _____ SGPT (ALT) _____ Bilirubin _____

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON FRONT PAGE

IF APPLICABLE:

1. Name, address, and phone # of child care center _____

2. Name and address of school, grade, classroom attended _____

3. Name, address, and phone # of restaurant where food handler worked (**HEPATITIS A ONLY**) _____

4. Food history of patient for the 2-6 wks prior to onset: (**HEPATITIS A ONLY**)

a. name and location of restaurants _____

b. name and location of food stores _____

c. name and location of bakery _____

d. group meals attended (e.g., reception, church, meeting, etc.) _____

e. location raw shellfish purchased _____

5. Name, address, and phone # of known hepatitis A or hepatitis B contact _____

Relationship _____

6. **CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS A OR HEPATITIS B**

Name	Age	Relationship to case	IG	HBIG	Vaccine
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7. If transfused, **NOTIFY BLOOD CENTER!** Name of blood center _____

a. number of units of whole blood, packed RBC or frozen RBC received _____

b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc.) _____

8. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center _____

Date _____

9. Name, address, and phone # of dialysis center _____

10. Name, address, and phone # of dentist or oral surgeon _____

11. If other surgery performed, name, address, and phone # of location _____

12. Name, address, and phone # of acupuncturist or tattoo parlor _____

13. Is patient currently pregnant? _____ If yes, give obstetrician's name, address and phone # _____

a. estimated date and location of delivery _____

Comments: _____

Investigator's Name and Title _____ Date of Interview _____